

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

1. **APPLICANT'S  
INVENTOR'S  
NAME**

**04512121**

2. **FILING DATE**

**CLAIMS**

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1	1				51					
2	1				52					
3	1				53					
4	1				54					
5	1				55					
6	1				56					
7	1				57					
8	1				58					
9	1	4			59					
10	①				60					
11	①				61					
12	①				62					
13	①				63					
14	①				64					
15	①				65					
16	①				66					
17	①				67					
18	①				68					
19	①				69					
20	①				70					
21	①				71					
22	①				72					
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45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.					TOTAL IND.					
TOTAL DEP.	25				TOTAL DEP.					
TOTAL CLAIMS	26				TOTAL CLAIMS					

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office